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Abstract

Midwives undertake a wide range of 'hands-on' skills and immediately upon qualification they will be expected to undertake these skills safely and effectively as part of their practice. Therefore it follows that they must be supported as student midwives to develop competence and confidence in all these skills.

Many such practical midwifery skills are not currently *specifically* identified in the Nursing and Midwifery Council (NMC) Standards for Pre-registration Midwifery Education (2009) and over time it became clear that some midwives were qualifying from universities in Wales and entering their new posts feeling unprepared to undertake a number of important midwifery skills, including for example the administration of intramuscular Vitamin K to babies.

This paper describes how we, as Heads of Midwifery Education (HoMEs) and Lead Midwives for Education (LMEs), worked together with Heads of Midwifery (HoMs) to develop and implement an All Wales Midwifery Pre-Qualifying Skills Passport (PQSP), to address these shortcomings.

Key phrases

- Newly qualified midwives often undertake post-registration training prior to being permitted to carry out certain skills.
- This may be seen as costly and potentially unnecessarily risky for the Health Board, the practitioner and women/babies.
- A Pre-qualifying Skills Passport was developed by in Wales to ensure that all appropriate skills are achieved **during** pre-registration programmes.
- It is now in use throughout the Principality and is evaluated very well.

Introduction and background

Until now the NMC has stipulated a series of rules, standards and guidelines to underpin and regulate midwifery practice in the UK (NMC, 2012, 2015). It sets out the context for midwifery practice and focuses primarily on what a midwife can, cannot, should or must do. The NMC also sets out a range of competencies and essential skills clusters to be achieved by midwifery students during their education programme for entry onto the professional register (NMC, 2008, 2009). Furthermore The Quality Assurance Agency (QAA) subject benchmark statements for healthcare programmes set out threshold standards, against which higher education institutions are expected to benchmark programmes of midwifery education (QAA, 2001).

Together, these documents provide a map of the boundaries and the values of midwifery practice and midwifery education. However from among the range of broad statements of knowledge, skills, values, behaviour and practice parameters that are outlined in them none seem to distinguish definitively what are the most critical or essential hands-on competencies required of a midwife at the point of registration. This was identified as a problem in Wales in 2002 and at that time midwifery educators throughout the country worked together to produce an All Wales Pre-registration Midwifery Skills Framework to set out all the skills that midwives are expected to be able to undertake on their own initiative upon qualifying and registering as a midwife (Darra et al., 2003). Various iterations of the framework have been in use throughout the Principality since then and anecdotal evidence demonstrates that it has been very useful in supporting mentors to facilitate skills acquisition by their students. This paper

discusses the next stage of this process and explains the development and implementation of an All Wales Pre Qualifying Skills Passport (PQSP).

As part of the on-going evaluation of the All Wales Pre-registration Midwifery Skills Framework it rapidly became clear that several Health Boards were requiring newly qualified staff to undertake additional post-registration training prior to being permitted to carry out certain skills. Lead Midwives for Education (LMEs) were also becoming increasingly concerned that this was a costly and potentially unnecessarily risky strategy for Health Boards, the practitioners and for the public. This was regularly discussed in the quarterly LME meetings held between all four universities in Wales. The risk related to the potential for newly qualified midwives being expected to, and themselves feeling the need to be able to, undertake certain skills in their new roles, for which they had not had sufficient time to develop and practice.

Four universities in Wales provide pre-registration midwifery education to meet NMC Standards (2008a, 2008b, 2009, 2012, 2015) and it became apparent that in different Health Boards and clinical settings some students were and others were not being permitted to try and develop these skills (See Table 1). Whilst students were universally being supported to practice them in simulation at the university, LMEs were convinced that it would be far more appropriate if students could be supported to develop the skills in real-life situations.

Extensive and intensive communication and consultation was essential during the development of the Passport but with input from the Student Midwife Societies in Wales and with the support of the Chief Nursing Officer we eventually gained agreement from

all four universities and seven Health Boards to develop an All Wales Passport relating to the development of these skills (See Table 1). Senior clinical and educational staff from all the Welsh Health Boards and Universities collaborated to facilitate an effective and deliberate focus on what skills student midwives needed to achieve prior to achieving their midwifery qualification. Fourteen skills were identified initially and these included undertaking a membrane sweep, applying a fetal scalp electrode, administering vaginal medication for induction of labour (following prescription from an appropriate prescriber) (NMC 2011) and the administration of intramuscular Vitamin K to babies (See Table 1, Skills 1-14). These were identified through widespread and prolonged consultation with student midwives, mentors, new midwives, midwifery managers, Heads of Midwifery (HoMs) and LMEs.

Developing the document

The approach to developing the PQSP was supported by a key educational theory proposed by Vygotsky (1978), who described the Zone of Proximal Development, which identifies a gap in learning as a potential development area that takes place in collaboration with more capable peers. Learning (and development of a skill) is dependent on full social interaction which occurs between the student, the woman and the midwife mentor in the clinical area. Biggs' theory of Constructive alignment (1999) also informed the project. This theory takes into account the student's prior knowledge and commitment, combined with mentor expertise. This is an especially useful approach when teaching healthcare professionals where all the elements (prior knowledge and experience in an atmosphere of trust) supports learning (Darra & Norris, 2009)

During the design phase for the PQSP, standardisation of content and language in the passport was considered to be essential. It was also decided that it should be loosely based on the style of the procedure guidelines in the Royal Marsden Hospital Manual of Clinical Nursing Procedures (Dougherty & Lister, 2011). Utilising a democratic approach to its design, it rapidly became clear that it should incorporate two distinctive sections for each skill; this was in order to support mentors and students in the development and acquisition of the identified clinical skills. Section one related to the theory /underpinning knowledge, which was seen to be the responsibility of the respective universities. Section two set out the clinical skill in an easy to use, step-by-step fashion, which was to be used in practice settings by the midwifery mentors. See Appendix A for an example of the document (the skill relating to undertaking a 'membrane sweep').

The planning group also worked together to ensure that the designated clinical skills were mapped against NMC competencies (NMC, 2009) (See Table 1)

Heads of Midwifery Education ensured that Health Board clinical policies and guidelines were aligned with the PQSP prior to the pilot phase that commenced in August 2014. It was during this phase that minor amendments were made to the design of the passport.

Implementation of the PQSP

The PQSP was officially launched in Wales by Professor Cathy Warwick during a midwifery conference in January, 2014. However, full implementation of the PQSP (which included the original 14 identified skills – See Table 1 – Skills 1-14) was challenging despite all stakeholders appearing to be willing and keen to support it. It became apparent just prior to printing the final document, that some Health Board

policies still prohibited students practice in some of the skills, such as the administration of medicines to neonates. This meant that at that point there still remained 5 of the 14 skills that were not achievable for all students across Wales. Given that the initial and underpinning desire was to have equitable practice across the country, it was decided that the implementation plan should be revised and instead a pilot phase was set up with a PQSP that included 9 skills, for which there was general agreement across the whole country. This was implemented in April 2014, with a planned early evaluation. During this time, HoMEs worked closely with HoMs and partner Health Boards to change and develop institutional protocols, policies and procedures that would enable the students' skill development in the other 5 skills.

During and after the pilot phase evaluation from third year student midwives and mentors was overwhelmingly positive in that both groups felt strongly that the PQSP offered them clarity regarding the skills that students were "allowed to undertake" in each clinical area. Mentors who had been unsure of supporting the student to practice certain skills, following the discussion of their theoretical knowledge, now had a structured document that clearly laid out the accepted parameters and enabled students to be 'signed off' to allow them to continue to practice and hone these skills (See Table 1) prior to qualification as a midwife. Students reported that being able to practice the skill under the supervision of an experienced midwife enhanced their learning of these particular skills, alongside all the other aspects of their midwifery practice.

By August 2014, all the Health Board policies had been amended to facilitate students' skills development in practice and, following the successful pilot, the PQSP was rolled

out across Wales. Whilst initially it was felt that the Passport would be given to third year student midwives for completion, this was reviewed as it was identified that students may need a longer time to complete all the skills as they rotated through different clinical placements. Students also requested that they commence the Passport earlier. There was therefore an agreement to commence the PQSP in the second year, with the unequivocal premise that students were required to have undertaken the theoretical learning prior to undertaking any of the skills. In August 2015, the PQSP was updated to include all 14 original skills, along with an additional 2 skills – relating to preparing IV infusions and IV pumps. These two extra skills were added following consultation with HoMs and at their request.

It is not compulsory for students to complete the PQSP as part of their degree award but there is an overwhelming agreement from all stakeholders that it is an enabling document, which supports the development of clinical skills in practice. Students have also reported the benefit of being able to present the completed Passport at job interviews in order to demonstrate that they have undertaken these skills (See Table 1) that previously required additional post-registration training during their preceptorship period.

On-going development

Since 2014, following feedback from practitioners and students there have been some small adjustments made to the document. An example of this was that there were concerns around the use of the term “competent” in the document (the first version of the Passport referred to the student as being ‘competent in a skill after having it ‘signed off’). Mentors questioned whether the term “competent” could be applied to student

midwives who may have limited opportunity to practice some of the skills in order to reach competency. Some mentors commented that reaching “competence” was unrealistic and therefore the wording was changed such that mentors should be able to sign section 2 of a skill when s/he “believes that the student has undertaken this skill safely and effectively and is able to continue practising this skill under appropriate supervision”. This modification is being evaluated over the coming months.

As the PQSP has been very favourably received by mentors, HoMs practice and students there are on-going discussions with Heads of Midwifery regarding potentially introducing further skills into the PQSP. Two skills which were identified through these discussions as being desirable for students to acquire are intravenous cannulation and passing a naso gastric (NG) tube for a term neonate. The skill of intravenous cannulation is perhaps a contemporary innovation and is not considered an essential pre-registration midwifery skill according to the NMC skills clusters as set out in the current NMC Pre-registration Standards for midwifery education (NMC, 2008). It could be argued that midwives are and should be advocates of normal birth and therefore undertaking this skill seems at odds with that philosophy.

However, what is clear is that midwives need to provide safe care and that depends on her/his ability to be vigilant in perceiving and responding to early warnings of any departures from normality. Being able to cannulate might be life-saving in some circumstances such as when responding to a woman with a severe post-partum haemorrhage in a rural midwifery situation. Being able to insert a venous cannula might also contribute to maintaining continuity of care/r and promotion of care within a midwife-led setting. An example of this might relate to caring for women who are found

to be carriers of Group B Streptococcus without any other complicating factors. If such women are considered to be suitable for giving birth in a birth centre then the midwife may be the most appropriate person to insert a venous cannula if it is considered necessary as part of the plan of care.

The second proposed skill of passing an NG tube into the stomach of a term neonate might be of some use in relation to transitional care for the neonate. It may also contribute to ensuring that mothers and babies are kept together in order to improve outcomes and experiences for women and their babies. If midwives are able to pass an NG tube to help achieve that then perhaps it should be considered a pre -qualifying midwifery skill. It is clear that educationalists need to respond to local need. However one should not lose sight of the fact that the current NMC Standards for Pre-registration Midwifery Education (2009) state:

“The primary focus of pre-registration midwifery programmes is to ensure that students are safe and effective in practice when supporting women experiencing normal childbirth”

If the Passport and the acquisition of the identified skills help all student midwives to be safe and effective at the point of registration to support women experiencing normal childbirth then it is achieving its aim. However, the NMC Standards for Pre-registration Midwifery Education are currently under review. It is not at all clear whether there will still be such a focus on ‘normal birth’ in the new Standards but the PQSP will be very easily modifiable to make it contemporary and responsive to changes in practice.

Preliminary evaluation of the PQSP is positive and there has been some interest from other UK universities to include the Passport in their midwifery programmes. In Wales

the Coleg Cenedlaethol Cymraeg has also provided funding to translate the PQSP into Welsh to support students reading for the Bachelor of Midwifery degree through the medium of the Welsh language.

Conclusion

The Heads and Lead Midwives of the four universities in Wales, which provide midwifery education, have a long history of working together to ensure the learning needs of student midwives are met. Achievement of the NMC standards for midwifery education, competencies and essential skills clusters along with the All Wales Midwifery Skills Framework ensures that the students are prepared to undertake the role and responsibilities of a midwife on completion of the programme.

However, the All Wales Pre-qualifying Skills Passport enhances the ability of newly qualified midwives to undertake the role, providing safe and appropriate care to mothers and babies in all settings across Wales and the UK.

The PQSP is not intended to replace the preceptorship period following qualifying as a midwife but to enable newly qualified midwives to undertake their role more effectively, efficiently and with confidence and competence. The PQSP reduces the need for additional training in these skills (See Table 1) enabling the newly qualified midwife to adapt to her/his new role and then concentrate on other developmental needs, for example the newborn and infant physical examination (NIPE) screening programme.

It has taken quite some time from commencing the process to “completion” and at times it seemed like it was an impossible task and that all Wales agreement would not be

achieved. However the design, pilot and full implementation phase are now complete and the PQSP is used by all student midwives in Wales. Evaluation is on-going and the Heads and Lead Midwives for Education in Wales continue to work together in monitoring and developing the passport for application to the ever-changing practice arena.

	Table 1: Particular skill not explicitly identified in NMC Standards	NMC Standard17 Competency	NMC Essential Skill Cluster
1	Speculum examination	Effective Midwifery Practice 2	Communication; Normal Labour and Birth
2	Membrane sweep	Effective Midwifery Practice 4	Communication
3	Venepuncture/phlebotomy	Effective Midwifery Practice 2	Communication
4	Induction of labour with prescribed per vagina medication	Effective Midwifery Practice 12	Communication; Medical Products Management
5	Amniotomy	Effective Midwifery Practice 4	Communication; Normal Labour and Birth
6	Application of FSE	Effective Midwifery Practice 6	Communication; Normal Labour and Birth
7	Episiotomy	Effective Midwifery Practice 7	Communication; Normal Labour and Birth
8	Perineal suturing (NOT more than 2 nd degree/episiotomy)	Effective Midwifery Practice 9	Communication; Normal Labour and Birth
9	Newborn bloodspot screening	Effective Midwifery Practice 9	Communication
10	Blood sugar monitoring (adults)	Effective Midwifery Practice 2	Communication
11	Administering oral medication to neonates	Effective Midwifery Practice 12	Communication Medical Products Management
12	Administering topical medication to neonates	Effective Midwifery Practice 12	Communication Medical Products Management
13	Administering IM Vitamin K to neonates	Effective Midwifery Practice 12	Communication Medical Products Management
14	Blood sugar monitoring (neonates)	Effective Midwifery Practice 10	Communication
15	Preparing IV infusions for administration	Effective Midwifery Practice 4 and 9	Communication
16	Adding drugs to IV infusions and preparing IV infusion pumps	Effective Midwifery Practice 12	Communication

(Nursing and Midwifery Council (NMC) 2009)

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APPENDIX A

Membrane sweep

THIS MUST BE UNDERTAKEN UNDER DIRECT SUPERVISION
FROM A MIDWIFE MENTOR THROUGHOUT

STANDARD STATEMENT

SECTION 1

PREPARING FOR THE SKILL

Learning required prior to undertaking this skill in practice settings:

In preparation for practising this skill the following will be studied.

Lecture(s) (and/or associated guided reading) relating to:

- Current NICE guidelines and local policies / guidelines on Induction of Labour and Membrane Sweeps.
- The Bishop score.
- The information that midwives should share with women in order that they can make an informed choice regarding membrane sweeps.
- When to offer a membrane sweep:
- The correct procedure for documenting a membrane sweep.

Demonstration and practice in the skills lab or in clinical placement of:

- Vaginal examination and simulation of membrane sweeping.

On completion of the above the University teacher or mentor will sign below to indicate that the student is ready to start practicing the skill in the practice setting:

Student's signature	Mentor /Teacher's signature	Date

N.B. THIS MUST BE SIGNED AS COMPLETED PRIOR TO THE STUDENT ATTEMPTING THE SKILL

SECTION 2 ACHIEVING THE SKILL

Step – by-step guide for mentors

As a mentor assessing the student's ability to undertake a membrane sweep, please use the descriptors below and 'sign it off' when you believe that the student has undertaken this skill safely and effectively and is able to continue practising this skill under appropriate supervision.

Skill descriptors

Prior to attempting the skill	Achieving safety and effectiveness in the skill
<p>The student will be able to <i>discuss</i> the following:</p> <ol style="list-style-type: none">1) Current NICE guidelines and local policies and guidelines on Induction of Labour and Membrane Sweeps.2) The Bishop score3) The risks associated with pregnancies that last longer than 42 weeks and options for induction of labour.4) That membrane sweeping makes spontaneous labour more likely, and so reduces the need for formal induction of labour5) What a membrane sweep is6) That discomfort and vaginal bleeding are possible from the procedure7) Membrane sweep will not cause harm to the baby and it will not increase the risk of infection.8) It can be carried out at home, at an outpatient appointment or in hospital.9) When to offer a membrane sweep	<p>The student will be able to <i>do</i> the following:</p> <p>Explain the procedure to a woman</p> <ol style="list-style-type: none">1) Gain informed consent, ensure privacy and dignity2) Undertake standard precautions / hand hygiene3) Undertake a vaginal examination and membrane sweep, which involves the examining finger passing through the cervix (both external and internal cervical os) to rotate against the wall of the uterus. This is performed in a circular motion to separate the chorionic membrane from the decidua.4) If the cervix will not admit a finger, massaging around the cervix in the vaginal fornices may achieve a similar effect.5) Document the examination and membrane sweep accurately.6) Communicate findings with woman.

I confirm that has demonstrated this skill as set out in the descriptors above.

Signed.....

Name (printed).....

Date.....